## EXHIBIT C

PURM BID (Official Form To) (10/05)					
UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	PROOF OF CLAIM
Name of Debtor	Case	Number			
USA COMMCRUAL MORTGAGU GO.		<u> </u>	· 1	0725- LB	<u>e</u>
NOTE. This form should not be used to make a claim for an adminis					
of the case. A request" for payment of an administrative expense ma	ty be tited	pursuani	i to	11 080 9 301	
Name of Creditor (The person or other entity to whom the				ou are aware that anyone	
SAMICS D. OERY, HUSSAUD AND WIFE				proof of claim relating to ach copy of statement	
AS TENANTS IN COMMON	E givi	ng partic	cula	rs	
Name and address where notices should be sent				on have never received any e bankrupicy court in this	
19601 VAN AKUN Blud	case		u ur	c canacupicy court is ima	
SHAKER HTS, OHIO 44122			-	e address differs from the envelope sent to you by	
SHAICER HTS, OHIO 44122 Telephone number 216-283-2505		COURL		an elope som to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here		replaces	ind alarm datash
identifies debtor	13 th	ıs claım		amends a previously f	led claim dated
1 Basis for Claim				ree benefits as defined in	
Goods sold Services performed				es, salaries and compen four digits of your SS #	
Money loaned				aid compensation for se	
Personal injury/wrongful death		f	ron	n	lo
Other SEC EXHBIT A				(date)	(date)
2. Date debt was incurred	3.	If cos	ert	judgment, date obtaine	đ
MARCH 2001					
4 Classification of Claim. Check the appropriate box or boxes th	at best des	enbe yo	ur :	claim and state the amoun	n of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 151, 80 7 79		Secu	rod	r Claim	
			C	eck this box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	f cialm, of none of	angl	ht o	f sctoff)	•
only part of your claim is entitled to priority	······································		_	nef Description of Collate	
Unsecured Priority Claim			Ħ	Real Estate Moto	Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	vhich is				
•		Amo	unt red .	of arrearage and other ch claim if any \$ <u>/8</u> 6	arges at time case filed included in
Amount entitled to priority S		<u> </u>			
Specify the priority of the claim		Up to \$	22	25* of deposits toward p	urchase, lease, or rental of property ousehold use - 11 U S C.
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o	r _	§ 507(a	a)(7	)	Conscious use - 11 O 3 C
		Taxes o	e p	enalties owed to governm	ental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debit	or's	Other -	Sp	ecify applicable paragrap	h of II USC § 507(a)()
Describes whichever is earlier - 11 if 2.C. 6 207(8)(4)	*An				/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S.C. § 507(a	)(5)	wiin res	spec	a 10 cases commencea on	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$		_	759_\$151,807.5	<del></del>
Check this box if claim includes interest or other charges in add	litton to the	(Unaécu Lionny s	pal :	(secured) amount of the claim. Atta	(priority) (Total) ich itemized statement of all
musiest or additional charges.					
<ol> <li>Credits: The amount of all payments on this claim has been making this proof of claim</li> </ol>	credited a	nd dedu	icte	d for the purpose of	THIS SINCE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents	ents, such :	es promi	iser	rv notes, nurchase	
orders, invoices itemized statements of running accounts, contra	icts, count j	udgmer	nts,	mortgages, security	
agreements, and evidence of perfection of lien DO NOT SEN	D ORIGIN	IAL DO	CI	IMENTS If the	
documents are not available, explain If the documents are voluing.  8. Date-Stamped Copy: To receive an acknowledgment of the file.	ninous, all	ach a su • cla	ımn	nary	
addressed envelope and copy of this proof of claim	ang or you	: caim,	CII	aose a stampeo Sell-	
Date / Sign and print the name and title if any, of the	he creditor	or othe	r pe	erson authorized to	ILED JAN 11 2007
life thus claim (attach copy of power of attor	ney, if any	<b>)</b>	-		
111/07 00 Ules					
Penalty for presenting fraudylens claim. Fine of up to \$500,000 g					USA CMC
	:unprisonm	en ior i	up 1	ing vears, or noth, 18 U.	

1072502062

PROOF OF CLAIM Case Number Name of Debtor USA Commercial Mortgage Company BK-S-06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241000253 Check box if you have **ERNEST W DOWNING & EVA M DOWNING** never received any notices 811 NE 157TH AVE from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT PORTLAND OR 97230-5428 ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY ) 503-252-3715 Creditor Telephone Number ( Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated \_ or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages, salanes, and compensation (fill out below) Other claims against servicer (not for loan balances) Services performed Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from Investment (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a night of setoff) exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Bnef description of collateral UNSECURED PRIORITY CLAIM X Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is s unknown entitled to pnority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ unknown Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier 11 U S C § 507(a)(4) Other - Specify applicable paragraph of 11 U S C § 507(a) (\_ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 0.00 \$150,000.00 0.00 \$150,000.00 AT TIME CASE FILED (unsecured) (secured) ( priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain if the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED NOV 0 6 2006 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 El Segundo CA 90245-0911 SIGN and print the name and title if any of the creditor or other person authorized to file DATE this claim (attach copy of power of attorney if any) 0-2-06 heelwhisvering

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	D	icroic:	or Neve	4-	
	<del>ا با</del>	BIRK	OF Neva	08	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Cas	e Numbe	r 06-1072	S.I RD	
			00-1072	3-LDIX	
NOTE This form should not be used to make a claim for an adminis	trative e	kpense a	rising after th	e commencement	
of the case A request" for payment of an administrative expense ma	y be file	d pursua	nt to 11 US	C § 503	
Name of Conditor (The names or other activities when the		eek boe	if you are a	vare that anyone	
Name of Creditor (The person or other entity to whom the				claim relating to	
dubtor owes money of property) Donate C & Wanda Dunbar, trustees of the	yc	ur claım	Attach cop	y of statement	
Dunbar RLT dated 11/21/1998		ving part	<b>xulars</b>		
Name and address where notices should be sent				never received an	
Donald Dunbar	ca		m the bankri	iptcy court in thi	s
18124 Wedge Parkway #153			if the addres	s differs from the	
Reno, NV 89511			the envelope	sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 775-851-8278		court.			
Last four digits of account or other number by which creditor identifies debtor		<b>reck here</b> thus claur	` <b> </b>   '		filed claim dated
		una Ciali	n amend	s a bienionaly	III CIAIII CACO
1 Basis for Claim		Ц			n     U S C §
Goods sold					nsation (fill out below)
Services performed				gits of your SS f	rvices performed
Money loaned Personal injury/wrongful death			•	•	ervices performed
l 🗇 🗫			from		to (date)
Other See Exhibit A				(date)	(date)
2. Date debt was incurred November 2005	3	If co	urt judgme	nt, date obtain	ed
November, 2005			• •	•	
4 Classification of Claim. Check the appropriate box or boxes the	at best d	escribe y	our claim an	d state the amou	nt of the claim at the time case filed
See reverse side for important explanations			ured Clain		
Unsecured Nonpriority Claim \$ 729,865 62				-	
Check this box if a) there is no collateral or lien securing your	r claım, o		Check this ght of setoff)	box if your clain	n is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) nonly part of your claim is entitled to priority	one or	-'''			
		4		ription of Collate	
Unsecured Priority Claim			✓ Real E	II	or Vehicle Other
Check this box if you have an unsecured claim all or part of w	hich is		Value of C	oilaterai \$ <u>U</u>	inknown
entitled to priority					narges at time case filed included in
Amount entitled to priority \$		secu	ired claim if	any \$ <u>11,86</u>	<u>i5 62</u>
Specify the priority of the claim	Г	Up to	\$2,225* of c	lenosits toward r	ourchase, lease, or rental of property
	-	or ser	vices for pers	sonal family or	household use - 11 U S C
Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)	_	§ 507	(a)(7)		
Wages, salaries, or commissions (up to \$10 000),* earned within	, , , L	Taxes	or penalties	owed to governn	nental units - 11 U S C § 507(a)(8)
l days before filing of the bankmintry netition or reseation of the debto	or s	Other	- Specify ap	plicable paragrap	oh of IIUSC § 507(a)()
business, whichever is earlier - 11 USC § 507(a)(4)		mounts	are subject t	o adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a)	(5)	with re	espect to cas	es commenced oi	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		729,	865 62 7	29.865.62	729,865 62
Check this box if claim includes interest or other charges in add	ition to t	(unsec	cured)	(secured)	(nmonty) (Total)
interest or additional charges.	iuvii to t	ne hunc	ibai auionut	oi uic Ciaim. Att	acii ilemized statement of all
6. Credits. The amount of all payments on this claim has been	credited	and ded	ucted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim					WITH WALL ON THE
7 Supporting Documents. Attach copies of supporting docume	nts, sucl	as pron	nissory note:	s, purchase	
orders invoices itemized statements of running accounts, contract	cts, cour	t judgme	ents, mortgas	es, security	
agreements and evidence of perfection of lien DO NOT SENI	D ORIG	INAL D	OCUMENT	Sifthe [F]	ED JAN 17 2007
documents are not available explain. If the documents are volum	ninous, a	ttach a s	ummary		
<ol> <li>Date-Stamped Copy To receive an acknowledgment of the fili addressed envelope and copy of this proof of claim</li> </ol>	ing of yo	ur claım	, enclose a s	tamped, self-	
Date Sign and point the name and title of any, of the	ne credit	W OF ALL	or norses and	thoused to	
ine this claim (attach capy of power of attorn	ney, if a	ઝ આ ઇસ્તા Iy)	m heisou an	u:U1289 (0	USA CMC
1/8/07		-			
DONALD C. DUNRAR	77	W. PT	<b>P</b>		1072502405

	PROOF OF CLAIM		04.42 Tag	ge 3 01 11
Name of Debtor	Case Nu	mber		•
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of the case A "request of the case A "requ		Check box if you are aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
FERGUSON LIVING TRUST DATED 6/28/00 C/O PATRICIA FERGUSON TRUSTEE 3985 LAKE PLACID DR RENO NV 89511 6780  Creditor Telephone Number (77.5 355-938 &	2	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTERI ONE OF THE DEB If you have aire Bankruptcy Court of	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS  ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here repla	, a previousiy	filed claim dated
1 BASIS FOR CLAIM	Retires t	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages : Last four	salaries and compensation ( digits of your SS #	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Unpaid o	compensation for services pe	erformed from	to (date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  5 TOTAL AMOUNT OF CLAIM \$  AT TIME CASE FILED (unsecured)  Check this box if claim includes interest or other charges in addition to the country of the documents of all payments on this claim has been cree?  7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments, mortgages, security in DOCUMENTS If the documents are not available explain. If the case is a support of claim.	your claim is pur	Check this box if you a right of setoff)  Brief description of Real Estate  Value of Collateral  Amount of arrearage a secured claim if any  Up to \$2 225° of deposits tow services for personal family of Taxes or penalties owed to go Other Specify applicable pare *Amounts are subject to adjugate to cases commend to the claim Attach its deducted for the purpose of ruch as promissory notes puris and evidence of perfections are voluminous attach a sure right of secured.	f collateral  Motor Vehicle  S and other charges  ard purchase lease or household use 11 overnmental units 1 ragraph of 11 U S C ustment on 4/1/07 an inced on or after the  (pnonty) emized statement of making this proof or chase orders, invited on of lien DO NO ummary	Other  at time case filed included in  or rental of property or 1 U S C § 507(a)(7) 11 U S C § 507(a)(8) § 507(a) ( ) id every 3 years thereafter date of ediustment  \$
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	BY HAND BMC Gro Attn US/ 1330 Eas	ng Pacific time, on <u>Novami</u> ons, joint ventures, trusts a OR OVERNIGHT DELIVERY To	<del>191 13, 2006</del> Ind Dec 19 O er	THIS SPACE FOR COURT USE ONLY
DATE  SIGN and print the name and title if any of the this claim (attach copy of power of attor)  12/6/06  Fature  12/6/06	mey if any)	user		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent/for up to	5 years or both 18 USC §§	152 AND 3571	1072501742

Case 06-10/25-gwz Doc 859/	<u>-3 En</u>	<u>tered 07/10/11 15:0</u>	<u> 14:42 Pag</u>	ge 6 of 11
UNITED STATES BANKRUPTCY COURT  DISTRICT OF NEVADA	PRC	PROOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Nu	Case Number		S \$31526
	Į.	06-10725-LBR		ation
USA Commercial Mortgage Company	00-107	20-LDR	\$2 463 77 Unsecu	ıred
NOTE O B	<u>L.</u>		മറ	m Harbor one
NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative exi	pense	Check box if you are	Val	n House
arising after the commencement of the case A request' for payment	ofan	aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503	-	to your claim Attach copy of		cted above constitute your claim as Debtor or pursuant to a filed claim If
Name of Creditor and Address 129244900	12924490001949 IARING Check box if you have never received any notices from the bankruptcy court or		you agree with the	amounts set forth herein and have no
GERALD L BITTNER SR DDS INC PROFIT SHARING			other claim against	the Debtor you do not need to file EXCEPT as stated below
PLAN &				own above are listed as Contingent,
TRUST DATED 1/15/91 14067 APRICOT HL		BMC Group in this case		sputed, a proof of claim must be
SARATOGA, CA 95070 5614	Check box if this address differs from the address on the envelope sent to you by the		1	eady filed a proof of claim with the
				or BMC you do not need to file again
Creditor Telephone Number ( ) 775-831-4846		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces	Al. Late del. I
7066 Palm Haslor one		if this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree h	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death			*	Other claims against servicer
Services performed Taxes		calaries and compensation ( digits of your SS #	(IIII Out below)	(not for loan balances)
Money loaned		ompensation for services pe	rformed from	to
	Onpaid o	omponeduom for controce po	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(date) (date)
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	e your claim and state the amou	nt of the claim at the	e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority		Value of Collateral	\$ 50	,000.00
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the pnority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors		services for personal family o		• • • • • • • • • • • • • • • • • • • •
business whichever is earlier 11 U S C § 507(a)(4)	님	Taxes or penalties owed to go  Other Specify applicable para		- ,,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	- •	- , , , , ,
	<del></del>	with respect to cases commen		
AT TIME CASE FILED		00,00 \$		\$ 50,000 00
(unsecured)	•	ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal i	amount of the claim Attach ite	mızed statement c	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	dited and d	leducted for the purpose of r	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>uments,</i> su	ch as promissory notes pur	chase orders inv	roices itemized statements of
running accounts contracts court judgments mortgages, security DOCUMENTS If the documents are not available explain. If the				OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail o	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED)				USE ONLY
BY MAIL TO	BA HVID V	OR OVERNIGHT DELIVERY TO		
BMC Group	BMC Grou	ıp		PHEN ILLE A & ONA
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	er	FILED JUN 0 6 200
El Segundo CA 90245 0911		lo CA 90245	i	1101 0110
DATE SIGN and print the name and title if any of the		other person authorized to file		USA CMC
this clawn (attach copy of power of attorn		•		1072502519
Serold & C	elle	gan		
	/	<i>i</i>		

<b>.</b>	United States Bankruptcy Court	11-3	EII	tered 07/10/11 .	15.04.42	•
DISTRICT OF NEVADA					PROOF OF CLAIM	
Name of	f Debtor			se Number		·
	Commercial Mortgage Company		_	K-S-06-10725 LBR		
	This form should not be used to make a claim for an administrat "for payment of an administrative expense may be filed pursuan					
	f Creditor (The person or other entity to whom the debtor oney or property):					
	R. Halseth & Sandra K Halseth Trustees of			x if you are aware that anyon		
the Ha	dseth Family Trust Totally Restated 4/21/00			oof of claim relating to you py of statement giving part		
	nd address where notices should be sent:   Halseth	Che	Check box if you have never received any notices from the bankruptcy court in this case.			
	i Haisein Ilas Drive		☐ Check box if the address differs from the address			
	go, CO 81301	on t	he en	velope sent to you by the co	ourt.	
Telepho	ne number: (970) 247 8471					THIS SPACE IS FOR COURT USE ONLY
	r digits of account or other number by which creditor s debtor (If SS# only list last four digits of SS#)	Check h		☐replaces ☐amends a	previously filed	claim, dated:
	asis for Claim:	if this cl			C 0 1114(-)	
	Goods sold			enefits as defined in 11 U.S alaries, and compensation (		· -
	Services performed		_	alaries, and compensation ( digits of your SS#: XXX-X	ŕ	,
⊠	Money loaned			ompensation for services po		
	Personal injury/wrongful death	_		ompensation for services po	AIGHRA	to
	Taxes Other See Attached	fror	н	(dat	e)	(date)
2. D:	ate debt was incurred: See Attached	3. If	cour	t judgment, date obtair	red:	
4. Cl	assification of Claim. Check the appropriate box	<u> </u>			<del></del>	emount of the claim a
	the time case filed. See reverse side for important exp			Secured Claim.	and state are	amount of the claim a
1	ured Non Priority Claim. \$ See Attached		-	☐ Check this box if yo	our claim is secu	red by collateral (including a right of
				setoff) See Attached		
	eck this box if: a) there is no collateral or lien securing your			Brief Description of	Collateral:	
your claim exceeds the value of the property securing it, or it c) none or only part  Real Estate Motor			Motor V			
Value of Collateral: \$Unknown/To			To be determined			
Unsecured Priority Claim.  Check this box if you have an unsecured priority claim, all or part of which						
Check this box if you have an unsecured priority claim, all or part of which is entitled to priority.  Amount of arrearage and other charges at claim, if any: \$See Attached			time case filed included in secured			
Amount	t entitled to priority \$			ciami, ii any. soce Atta	<u>crieu</u>	
Specify th	he priority of the claim:		П	Un to \$7 225* of deposits to	vard purchasa lan	se, or rental of property or services for personal,
	omestic support obligations under 11 U.S.C. § 507(a)(1) (A) or (a)(1)	)(B)	_	family, or household use-11 to		
□ w	/ages, salaries, or commissions (up to \$10,000),* earned within 180			Taxes or penalties owed to go	vernmental units-	11 U.S.C. § 507(a)(8).
	ore filing of the bankruptcy petition or cessation of the debtor's businer is the earlier-11 U.S.C. § 507(a)(4).	ess,		Other-Specify applicable para	ngraph of 11 U.S.C	C. § 507(a)().
□ c	ontributions to an employee benefit plan-11 U.S.C. § 507(a)(5).			*Amounts are subject to adjust commenced on or after the do		d every 3 years thereafter with respect to cases
5. To	otal Amount of Claim at Time Case Filed:	\$		+ \$	\$+	\$ See Attached
⊠ Che	eck this box if claim includes interest or other charges in add			red Nonpriority) (Secure		cured Priority) (Total)
-	eck this box it claim includes miterest or other charges in add arges. See Attached.	untion to th	ie bin	жиран анкоши от ине стант.	Auach hemize	a statement of an interest of additional
	redits: The amount of all payments on this claim has been of of claim.	credited a	nd dec	lucted for the purpose of m	aking this	THIS SPACE IS FOR COURT USE ONLY
7. Su	ipporting Documents: Attach copies of supporting docu					
	voices, itemized statements of running accounts, contracts, cidence of perfection in lien. DO NOT SEND ORIGINAL D					
evidence of perfection in lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See					FILED JAN 0 9 2007	
	everse for Instructions).  ate-Stamped Copy: To receive an acknowledgment of the	e filing of	Vour	claim enclose a stamped s	elf_addressed	LILLU CINA O - 12
	velope and copy of this proof of claim. Research and/or cop					
Date	Sign and print the pame and	title, if a	y, of	the creditor or other person	authorized to	
	file this claim (march a con	of power	610	torney, if any):	2	
	Daniel Halseth					
Daniel R. Halseth & Sandra K Halseth Trustees of the Halseth Family				USA CMC		
Donalt. f	Trust Totally Restated 4/			Sugar or both 101750 00	157 0-4 25771	
renatty fo	for presenting fraudulent claim: Fine of up to \$500,000 or impriso	nument for	ap to	o years, or noth. 18 U.S.C. §§	132 and 3571.	1072501936

## FORM B10 (Official Form 10) (10/05)

PORM BIO (Official Politi To) (TOVOS)				المستوري والمستوال
UNITED STATES BANKRUPTCY COURT	Dist	RICT O	F_Nevada	PROOF OF CLAIM
Name of Debtor	Case N	umber		FROOF OF CLAIM
USA Commercial Mortcace Con			10725-LBK	
NOTF This form should not be used to make a claim for an adminis				
of the case A 'request' for payment of an administrative expense ma				
	,			
Name of Creditor (The person or other entity to whom the			you are aware that anyone a proof of claim relating to	
dubtor owes money or property)			Attach copy of statement	
Helms Homes LLC	givin	g particu	lars	ļ
Name			you have never received any	
Terry Helms	notic	es from	the bankruptcy court in this	. <b>[</b>
809 (Ipland Blvd. Las Vegas NV 89107 3719	( f	k box if	the address differs from the	1
	4		e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 70 2 25 8 10 44	_	ourt.		_1
Last four digits of account or other number by which creditor identifies debtor		k here s claım	replaces a previously fi	led claim dated.
1 Basis for Claim			etiree benefits as defined in	
Goods sold			ages salaries and compens ast four digits of your SS #	
Services performed  Money loaned			npaid compensation for se	
Personal injury/wrongful death		fr	om	to
Taxes See Exhibit A			(date)	(date)
U Ouler	3.	16	-4 1	.1
2. Date debt was incurred	3.	II COU	rt judgment, date obtaine	<b>2</b> 0
4 Classification of Claim. Check the appropriate box or boxes the	hat base das		a along and state the arrange	e of the class at the time case Glad
See reverse side for important explanations.	nat dest des			it of the claim at the time case filed
Unsecured Nonpriority Claim \$6,348,967,22		/	ged Claum	
Check this box if a) there is no collateral or lien securing you	ur claum. or	N	Check this box if your claim t of setoff)	is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	angu	( Of Scioil)	
only part or your chain is endued to priority		_	Brief Description of Collate	
Unsecured Priority Claim				Vehicle Other——
Check this box if you have an unsecured claim all or part of	which is		Value of Collateral \$ 4	NOW N
entitled to priority				arges at time case filed included in
Amount entitled to priority \$		secure	ed claim, if any \$87,15	76.81
Specify the priority of the claim				urchase lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A)	or	or service \$ 507(a	ces for personal family or l	nousehold use - 11 U S C
(a)(1)(B)	П			nental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy pedition or cessation of the deb	in 180 💾		-	th of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier 11 U S C § 507(a)(4)				1/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C. § 507(				or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	-/\-/	340	96722 6348.96722	634896722
	2	(unacci	ed) (secured)	(procity) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges.	<b>id</b> ition to th	e princip	al amount of the claim Att	ach itemized statement of all
			. 10 4	
6. Credits The amount of all payments on this claim has bee making this proof of claim	n credited a	na <b>acdu</b>	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attack concerns from a deciment	mente anak		ream nates much	
orders invoices itemized statements of running accounts, conta agreements and evidence of perfection of lien DO NOT SEI	racis. Court	inqome: Pinili	asory noics, purchase	
agreements and evidence of perfection of lien DO NOT SE	ND ORIGI	VAL DO	CUMENTS If the	U JAN 1 Z ZUU7
documents are not available, explain. If the documents are volu	uminous, at	ach a su	mmary	
8. Date-Stamped Copy To receive an acknowledgment of the	filing of you	r claım,	enclose a stamped, self-	
addressed envelope and copy of this proof of claim				
Date Sign and print the name and tule, if any, of file this claim (attach copy of power of atto	the credito	or other	r person authorized to	
1/11/07 2000		an	ecev	USA CMC
Tends Helms	N	Na.	2000	

FORM BIO (Onicial Fortil TO) (TO/OS)		
United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Debtor	Case Number	THOO! OF OLIVING
USA COMMERCIAL MORTGAGE CO.	06-10725-LBR	
NOTE This form should not be used to make a claim for an administ of the case. A "request' for payment of an administrative expense ma		
of the case. A request for payment of an administrative expense ma	y be nice paisbant to 11 030 4 to	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
dubtor owes money or property)	else has filed a proof of claim relating to	
EDWARD O. HIGH	your claim Attach copy of statement	
an unmarried man	giving particulars	
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this	
EDWARD O HIGH	case	
1413 PELICAN BAY TRAIL	Check box if the address differs from the	
WINTER PARK, FL 32792	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 407-679-4445	the court.	
Last four digits of account or other number by which creditor	Check here replaces	d alarm dated
identifies debtor	if this claim amends a previously file	u ciaini, dated
1 Basis for Claim	Retiree benefits as defined in 1	
Goods sold	Wages salaries, and compensa	tion (fill out below)
Services performed	Last four digits of your SS#	
Money loaned	Unpaid compensation for serv	ices performed
Personal injury/wrongful death	from	to
Taxes 5-ee Exclut A	(datc)	(date)
2. Date debt was incurred	3. If court judgment, date obtained	•
Sept 9, 2005		
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amount	of the claim at the time case filed
See reverse side for important explanations	Secured Claim	
Unsecured Nonpriority Claim \$ 301, 791.38	Check this box if your claim i	s secured by collateral (including
Unsecured Nonpriority Claim \$ 201,997.38  (LINE 4,2xib)  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ir claim or a right of setoff)	s accured by consicion (menucing
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	
	Brief Description of Collater	B Valenta Cl. Other
Unsecured Priority Claim	Value of Collateral \$ U.\$	Venicie Odjei
Check this box if you have an unsecured claim all or part of	which is Value of Collateral 5 UK	KNOWN
entitled to priority	Amount of arrearage and other char	ges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 1,99	7.38 (LINE 2 ExibitA)
Execute the accepte of the claim	Up to \$2,225* of deposits toward pur	whose lease or rental of property
Specify the priority of the claim	or services for personal, family or ho	busehold use - 11 U S C
Domestic support obligations under 11 USC § 507(a)(1)(A) (	or § 507(a)(7)	
(a)(1)(B)	Taxes or penalties owed to governme	ntal units - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned with	ın 180 🗔	
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/	
F-9	with remark to seems commented on	
Contributions to an employee benefit plan - 11 USC \ 507(	a)(5)	
5. Total Amount of Claim at Time Case Filed	\$201,947.38 201,947.38	201,997 38
Check this box if claim includes interest or other charges in ad		priority) (Total) the stemuzed statement of all
interest or additional charges	(ai above from line 4, E	scort A)
6. Credits The amount of all payments on this claim has been		THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		The second contract seconds of a will t
7 Supporting Documents: Attach copies of supporting documents	nents, such as promissory notes, purchase	
orders invoices, itemized statements of running accounts, conti		
agreements and evidence of perfection of lien DO NOT SEI		
documents are not available explain. If the documents are volu		
8. Date-Stamped Copy To receive an acknowledgment of the t	filing of your claim, enclose a stamped self-	
addressed envelope and copy of this proof of claim		4 4 888
Date Sign and print the name and title, if any, of	the creditor or other person authorized FILE	JAN 11 ZUU/
Jan 9, 2006 The this claim (attach copy of power of attach	orney, if any)	( <b>∀ 1</b> € 7 °
Sandiaco Edwardo High	•	
E	DWARD O. HIGH	L USA CMC

	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORICAGE Co.	Case Number 06-10725	
NOTE: This form should not be used to make a claim for an administrative expense ma	strative expense arising after the commencement by be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): GEORGE W. HUBBARD AND CAROL N. HUBBARD TRUSTEES OF THE HUBBARD TRUST OF 1/29/1998	giving particulars.	
Name and address where notices should be sent:  ROBERT G. LE POME  10120 S. BASTERN ± 200  HENDERSON, NV 89052  Telephone number (702) 492-1271	Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS SUR COURT USE ONLY
Last four digits of account or other number by which creditor dentifies debtor: 6291	Check here ☐ replaces if this claim ☐ amends a previously filed	l claim, dated:
1. Basis for Claim  ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other ☐ NECLICENCE + FRAUD	Retiree benefits as defined in 1  Wages, salaries, and compensat  Last four digits of your SS #:  Unpaid compensation for servi  from	ion (fill out below)
2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained:	· · · · · · · · · · · · · · · · · · ·
only part of your claim is entitled to priority.  Unsecured Priority Claim	Brief Description of Collateral  ☐ Real Estate ☐ Motor V	
•	which is Value of Collateral: \$  Amount of arrearage and other charge	
entitled to priority.  Amount entitled to priority \$	Which is  Value of Collateral: \$  Amount of arrearage and other charge secured claim, if any: \$  Secured claim, if any: \$	es at time case filed included in
entitled to priority.  Amount entitled to priority \$	Amount of arrearage and other charge secured claim, if any: \$	thase, lease, or rental of property is schold use - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
Amount entitled to priority.  Amount entitled to priority \$	Amount of arrearage and other charge secured claim, if any: \$	thase, lease, or rental of property is schold use - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
Amount entitled to priority.  Amount entitled to priority \$	Amount of arrearage and other charge secured claim, if any: \$	thase, lease, or rental of property ischold use - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). for and every 3 years thereafter after the date of adjustment.
Amount entitled to priority.  Amount entitled to priority \$	Amount of arrearage and other charge secured claim, if any: \$	chase, lease, or rental of property ischold use - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). for and every 3 years thereafter after the date of adjustment.
Amount entitled to priority.  Amount entitled to priority \$	Amount of arrearage and other charge secured claim, if any: \$	these, lease, or rental of property is schold use - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). for and every 3 years thereafter after the date of adjustment.
Amount entitled to priority.  Amount entitled to priority \$	Amount of arrearage and other charge secured claim, if any: \$	thase, lease, or rental of property schold use - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). for and every 3 years thereafter after the date of adjustment.  (62 500 c)  (Total)  (Total)  (Total)  (Total)  (Total)  (Total)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C.

USA CMC

FORM B10 (Official Form 10) (10/05)	Die	DICT O	F Novada	
UNITED STAILS BANKRUPTCY COURT			F Nevada	PROOF OF CLAIM
Name of Dublor USA Commercial Mortgage Company	06		25-LBR	_
NOTH This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expo	ense arīsii	ng after the commencement	
of the case. A request for payment of an administrative expense ma				_
Name of Creditor (The person or other entity to whom the	Chec else	k box if has filed	you are aware that anyone a proof of claim relating to	
Linda C. Reid, husband and wite, as joint	your	claım A	ttach copy of statement	
dubior owes money or property). Jack R. Clark and Linda C. Reid, husband and wite, as joint Tenants with right of survivorship		g particu k box if	iars you have never received an	у
Name and address where notices should be sent Jack R. Clark and Linda C. Reid	notic	es from	the bankruptcy court in this	
9900 Wilhur May Pkion #4701	Case Che		the address differs from the	
Reno, NV 89521-3089 Telephone humber 775-853-4754	addr the	ess on the court.	envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	•	ck here is claim	replaces amends a previously f	iled claim dated
1 Basis for Claim			tiree benefits as defined ii	=
Goods sold Services performed			ages salaries and comper ist four digits of your SS #	
Money loaned		Uı	ipaid compensation for se	
Personal mjury/wrongful death Taxes 4 F. J. J. J. A		fro	om	_ to
Taxes See Exhibit A			(date)	(date)
2. Date debt was incurred MM 2004	3.	If cour	t judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe you	r claim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 891,016.03		<del>/</del>	ed Claim	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	r claim or none or	a right	of setoff)	n is secured by collateral (including
only part of your claim is entitled to priority	<u> </u>	_	Brief Description of Collate Real Estate  Moto	eral or Vehicle Other
Unsecured Priority Claim		_		Inknown Other
Check this box if you have an unsecured claim all or part of we entitled to priority	vnich is	Amou	nt of arrearage and other ch	arges at time case filed included in
Amount entitled to priority \$		secure	d claim if any \$11,80	<u>62.98</u>
Specify the priority of the claim			,225* of deposits toward p es for personal family or l	ourchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) o		§ 507(a)	(7)	
Wages salaries, or commissions (up to \$10,000) * earned within	n 180 🖂			nental units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debi- business whichever is earlier - 11 U S C \$ 507(a)(4)	ors 🔲		pecify applicable paragrap	- , , ,
Contributions to an employee benefit plan - 11 U S C § 507(a)	7100			4/1/07 and every 3 years thereafter n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed			6.03 891,016 03	891,014.03
Check this box if claim includes interest or other charges in addinaterest or additional charges.	ittion to the	unsecure principa	d) (sécured) al amount of the claim Att	(priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited a	nd deduc	ted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents Attach copies of supporting documents				
7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements, and evidence of perfection of lien. DO NOT SEN	<i>enus,</i> such a acts court i	as promis udgment	sory notes purchase s mortgages security	D JAN 11 2007
agreement and extensive of perfection of ficial bolton agree	DOMOR	יאט טאי	COMPLETATO IT THE	-
documents are not available explain. If the documents are voluing 8 Date-Stamped Copy To receive an acknowledgment of the fill				
addressed envelope and copy of this proof of claim			-	
Date Sign and print the name and title if any of t	he creditor	or other	person authorized to	
file this claim (attach copy of power of attor	incy if any	1	111	
1/Koh K Val/C	Xu	rda	C Reid	USA CMC

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 US

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